

**Application Data Sheet****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: Anti-idiotypic Antibodies Against Factor VIII  
Inhibitor and Uses Thereof

Attorney Docket Number:: 50304/059001

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 10

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Jean Guy

Middle Name:: G.

Family Name:: GILLES

Name Suffix::

City of Residence:: Bruxelles

State or Province of Residence::

Country of Residence:: Belgium

Street of mailing address:: Avenue de l'Exposition 410

City of mailing address:: Bruxelles

State or Province of mailing address::

Country of mailing address:: Belgium

Postal or Zip Code of mailing address:: B-1090

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Jean-Marie

Middle Name:: R.

Family Name:: SAINT-REMY  
Name Suffix::  
City of Residence:: Grez-Doiceau  
State or Province of Residence::  
Country of Residence:: Belgium  
Street of mailing address:: Rue du Lambais 79  
City of mailing address:: Grez-Doiceau  
State or Province of mailing address::  
Country of mailing address:: Belgium  
Postal or Zip Code of mailing address:: B-1390

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium  
Status:: Full Capacity  
Given Name:: Marc  
Middle Name:: G.  
Family Name:: JACQUEMIN  
Name Suffix::  
City of Residence:: Sart-Bernard  
State or Province of Residence::  
Country of Residence:: Belgium  
Street of mailing address:: Rue Morimont 45  
City of mailing address:: Sart-Benard  
State or Province of mailing address::  
Country of mailing address:: Belgium

Postal or Zip Code of mailing address:: B-5330

**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/EP03/008365	07/28/2003

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	02447150.0	07/31/2002	YES

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State of Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::